

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

TEA PARTY VICTORY FUND

ADDRESS (number and street)

2776 S. ARLINGTON MILL DR #806

ATTN: SCOTT B. MACKENZIE

☐ Check if different than previously reported. (ACC)

ARLINGTON

VA

22206

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00491290

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☒ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer SCOTT B MACKENZIE

Signature of Treasurer

SCOTT B MACKENZIE

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

TEA PARTY VICTORY FUND

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 01 / 01 / 2015

To:

 M M / D D / Y Y Y Y Y
 06 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2015		15730.26
(b) Cash on Hand at Beginning of Reporting Period.....	15730.26	
(c) Total Receipts (from Line 19)	25646.77	25646.77
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	41377.03	41377.03
7. Total Disbursements (from Line 31)	37447.24	37447.24
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3929.79	3929.79
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	29350.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

TEA PARTY VICTORY FUND

Report Covering the Period:

From:

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	01	/	2015

To:

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

2530.00

2530.00

(ii) Unitemized

23116.77

23116.77

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

25646.77

25646.77

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

25646.77

25646.77

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ►

25646.77

25646.77

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

25646.77

25646.77

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	30997.24	30997.24
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	30997.24	30997.24
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	2500.00
24. Independent Expenditures (use Schedule E)	2950.00	2950.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	1000.00	1000.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	37447.24	37447.24
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	37447.24	37447.24

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	25646.77	25646.77
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	25646.77	25646.77
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	30997.24	30997.24
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	30997.24	30997.24

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 56

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TEA PARTY VICTORY FUND

Full Name (Last, First, Middle Initial)

A. MR MARVIN BOYENGA 504

Mailing Address 1310 LIMESTONE DR

City
MASON CITYState Zip Code
IA 50401FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	7		2	0	1	5

Transaction ID : SA11AI.24116

Amount of Each Receipt this Period

1050.00

Full Name (Last, First, Middle Initial)

B. CLIFFORD CERNICK 222

Mailing Address 4210 12TH RD S APT A

City
ARLINGTONState Zip Code
VA 22204FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	6		2	0	1	5

Transaction ID : SA11AI.24260

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. MR RAYMOND N FINK 488

Mailing Address PO BOX 134

City
WILLIAMSTONState Zip Code
MI 48895FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

NONE

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	1	5

Transaction ID : SA11AI.24626

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)..... ►

1400.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 56

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TEA PARTY VICTORY FUND

Full Name (Last, First, Middle Initial)

A. FRANCIS FITZPATRICK 974

Mailing Address 100 E ANCHOR AVE

City
EUGENEState
ORZip Code
97404FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	7		2	0	1	5		

Transaction ID : SA11AI.24635

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. JOHN HANSEN 010

Mailing Address 55 OVERLOOK DR

City
WESTFIELDState
MAZip Code
01085FEC ID number of contributing
federal political committee.

C

Name of Employer

COUNTRYSIDE DEVELOPMENT CORP

Occupation

DIRECTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

305.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			3	0		2	0	1	5		

Transaction ID : SA11AI.24821

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. FRANKLIN HANSON 560

Mailing Address 422 EUCLID AVE

City
ALBERT LEAState
MNZip Code
56007FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			2	8		2	0	1	5		

Transaction ID : SA11AI.24824

Amount of Each Receipt this Period

205.00

SUBTOTAL of Receipts This Page (optional)..... ►

455.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 56

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TEA PARTY VICTORY FUND

Full Name (Last, First, Middle Initial)

A. MR HERBERT KRETZ 115

Mailing Address 12 COTTAGE PL

City

HEMPSTEAD

State

NY

Zip Code

11550

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
06 / 01 / 2015

Transaction ID : SA11AI.25132

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

B. MARY MESSINGER 281

Mailing Address 115 COVENANT WOODS DR

City

SALISBURY

State

NC

Zip Code

28144

FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
06 / 01 / 2015

Transaction ID : SA11AI.25361

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

C. MR LUNSFORD RICHARDSON 274

Mailing Address 4100 WELL SPRING DR

City

GREENSBORO

State

NC

Zip Code

27410

FEC ID number of contributing
federal political committee.

C

Name of Employer

LUNSFORD RICHARDSON FAMILY LLP

Occupation

PARTNER

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
05 / 29 / 2015

Transaction ID : SA11AI.25659

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 56

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TEA PARTY VICTORY FUND

Full Name (Last, First, Middle Initial)

A. DAVID SCHUMANN 894

Mailing Address 1669 HYDE ST

City
MINDENState Zip Code
NV 89423FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	27	/	2015

Transaction ID : SA11AI.25794

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. DAVID SCHUMANN 894

Mailing Address 1669 HYDE ST

City
MINDENState Zip Code
NV 89423FEC ID number of contributing
federal political committee.

C

Name of Employer

NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	27	/	2015

Transaction ID : SA11AI.25796

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
	/		/	

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

175.00

TOTAL This Period (last page this line number only)..... ►

2530.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

TEA PARTY VICTORY FUND

A. CLIENT FIRST CONSULTING GROUP LLC

003

4500.00

TEA PARTY VICTORY FUND

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

B. CLIENT FIRST CONSULTING GROUP LLC

MM / DD / YYYY

003

1500.00

TEA PARTY VICTORY FUND

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

C. CLIENT FIRST CONSULTING GROUP LLC

003

300.00

TEA PARTY VICTORY FUND

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

6300.00

[illegible]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 56

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TEA PARTY VICTORY FUND

Full Name (Last, First, Middle Initial)

A. CLIENT FIRST CONSULTING GROUP LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		13		2015

Mailing Address 385 AVERY LN

City	State	Zip Code
MEDINA	OH	44256

Transaction ID : SB21B.23845Purpose of Disbursement
PAC SOLICITATION CALLS

003

Amount of Each Disbursement this Period

Candidate Name

TEA PARTY VICTORY FUNDCategory/
Type

800.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. CLIENT FIRST CONSULTING GROUP LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		15		2015

Mailing Address 385 AVERY LN

City	State	Zip Code
MEDINA	OH	44256

Transaction ID : SB21B.23846Purpose of Disbursement
PAC SOLICITATION CALLS

003

Amount of Each Disbursement this Period

Candidate Name

TEA PARTY VICTORY FUNDCategory/
Type

1200.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. CLIENT FIRST CONSULTING GROUP LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		16		2015

Mailing Address 385 AVERY LN

City	State	Zip Code
MEDINA	OH	44256

Transaction ID : SB21B.23847Purpose of Disbursement
PAC SOLICITATION CALLS

003

Amount of Each Disbursement this Period

Candidate Name

TEA PARTY VICTORY FUNDCategory/
Type

460.00

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2460.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 56

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TEA PARTY VICTORY FUND

Full Name (Last, First, Middle Initial)

A. CLIENT FIRST CONSULTING GROUP LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		18		2015

Mailing Address 385 AVERY LN

City	State	Zip Code
MEDINA	OH	44256

Purpose of Disbursement
PAC SOLICITATION CALLS

003

Candidate Name

TEA PARTY VICTORY FUNDCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Transaction ID : SB21B.23851

Amount of Each Disbursement this Period

2700.00

Full Name (Last, First, Middle Initial)

B. CLIENT FIRST CONSULTING GROUP LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		13		2015

Mailing Address 385 AVERY LN

City	State	Zip Code
MEDINA	OH	44256

Purpose of Disbursement
PAC SOLICITATION CALLS

003

Candidate Name

TEA PARTY VICTORY FUNDCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Transaction ID : SB21B.23852

Amount of Each Disbursement this Period

3600.00

Full Name (Last, First, Middle Initial)

C. CLIENT FIRST CONSULTING GROUP LLC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2015

Mailing Address 385 AVERY LN

City	State	Zip Code
MEDINA	OH	44256

Purpose of Disbursement
PAC SOLICITATION CALLS

003

Candidate Name

TEA PARTY VICTORY FUNDCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Transaction ID : SB21B.23853

Amount of Each Disbursement this Period

1100.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7400.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

TEA PARTY VICTORY FUND

350.00

State: District:

Three 16x16 LED matrices are shown, each displaying a digit. The first matrix shows '0', the second shows '1', and the third shows '2'. The matrices are arranged horizontally, separated by slashes, to form the date '01/31/2015'.

361.45

State: District:

MM / DD / YYYY

119.85

State: District:

831.30

The diagram shows a rectangular frame with 10 vertical members and 2 horizontal members. A cross-section of a member is shown, indicating a rectangular shape with a central void.

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 56

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TEA PARTY VICTORY FUND

Full Name (Last, First, Middle Initial)

A. FIRST MERIT BANK

Mailing Address 295 FIRST MERIT CIRCLE

City
AKRONState
OHZip Code
44307Purpose of Disbursement
BANK CHARGES

001

Candidate Name

TEA PARTY VICTORY FUND

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		31		2015

Transaction ID : SB21B.23870

Amount of Each Disbursement this Period

160.19

Full Name (Last, First, Middle Initial)

B. FIRST MERIT BANK

Mailing Address 295 FIRST MERIT CIRCLE

City
AKRONState
OHZip Code
44307Purpose of Disbursement
BANK CHARGES

001

Candidate Name

TEA PARTY VICTORY FUND

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		30		2015

Transaction ID : SB21B.23871

Amount of Each Disbursement this Period

121.64

Full Name (Last, First, Middle Initial)

C. MACKENZIE & COMPANY

Mailing Address 2776 S ARLINGTON MILL DR #806

City
ARLINGTONState
VAZip Code
22206Purpose of Disbursement
IN-KIND - COMPLIANCE SERVICES OF SCOTT B MACKENZIE

001

Candidate Name

TEA PARTY VICTORY FUND

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		27		2015

Transaction ID : SB21B.26333

Amount of Each Disbursement this Period

1500.00

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

281.83

--

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

TEA PARTY VICTORY FUND

A. TRANSAXT LLC

Mailing Address 190 MONROE STREET
SUITE 500

City	State	Zip Code
GRAND RAPIDS	MI	49503

Transaction ID : SB21B.23841

Purpose of Disbursement
PAC FUNDRAISING & PROCESSING

003

Amount of Each Disbursement this Period

Candidate Name

TEA PARTY VICTORY FUND

Category/
Type

3698.11

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

State: District:

SUBTOTAL of Disbursements This Page (optional).....

3698.11

TOTAL This Period (last page this line number only).....

30971.24

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 56

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TEA PARTY VICTORY FUND

Full Name (Last, First, Middle Initial)

A. FRIENDS OF SENATOR BOB SMITH

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		31		2015

Mailing Address 2776 S ARLINGTON MILL DRIVE #806

Transaction ID : SB23.23826

City	State	Zip Code
ARLINGTON	VA	22206

Amount of Each Disbursement this Period

Purpose of Disbursement
IN-KIND - COMPLIANCE SERVICES OF SCOTT B MACKENZIE

011

1500.00

Candidate Name

BOB SMITHCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: NH District: 00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF SENATOR BOB SMITH

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		31		2015

Mailing Address 2776 S ARLINGTON MILL DRIVE #806

Transaction ID : SB23.26343

City	State	Zip Code
ARLINGTON	VA	22206

Amount of Each Disbursement this Period

Purpose of Disbursement
IN-KIND - COMPLIANCE SERVICES OF SCOTT B MACKENZIE

011

1000.00

Candidate Name

BOB SMITHCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: NH District: 00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF SENATOR BOB SMITH

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		10		2015

Mailing Address 2776 S ARLINGTON MILL DRIVE #806

Transaction ID : SB23.26341

City	State	Zip Code
ARLINGTON	VA	22206

Amount of Each Disbursement this Period

Purpose of Disbursement
POLITICAL CONTRIBUTION

011

1000.00

Candidate Name

BOB SMITHCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: NH District: 00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1500.00

--

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SB23

Transaction ID : SB23.26341

COMPLIANCE SERVICES PERFORMED BY SCOTT B. MACKENZIE AND THE AMOUNT OF \$1,500 IS DUE AND PAYABLE TO MACKENZIE & COMPANY.

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 56

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TEA PARTY VICTORY FUND

Full Name (Last, First, Middle Initial)

A. FRIENDS OF SENATOR BOB SMITH

Mailing Address 2776 S ARLINGTON MILL DRIVE #806

City	State	Zip Code
ARLINGTON	VA	22206

Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

BOB SMITH

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: NH District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02		10		2015

Transaction ID : SB23.26345

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF SENATOR BOB SMITH

Mailing Address 2776 S ARLINGTON MILL DRIVE #806

City	State	Zip Code
ARLINGTON	VA	22206

Purpose of Disbursement
IN-KIND - COMPLIANCE SERVICES OF SCOTT B MACKENZIE

Candidate Name

BOB SMITH

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: NH District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		15		2015

Transaction ID : SB23.26339

Amount of Each Disbursement this Period

1500.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. PEG LUKSIK FOR SENATE

Mailing Address 2776 S ARLINGTON MILL DR #806

City	State	Zip Code
ARLINGTON	VA	22206

Purpose of Disbursement
IN-KIND - COMPLIANCE SERVICES OF SCOTT B MACKENZIE

Candidate Name

PEG LUKSIK

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2010

☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		01		2015

Transaction ID : SB23.26337

Amount of Each Disbursement this Period

250.00

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1000.00

--

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SB23

Transaction ID : SB23.26339

COMPLIANCE SERVICES PERFORMED BY SCOTT B. MACKENZIE AND THE AMOUNT OF \$1,500 IS DUE AND PAYABLE TO MACKENZIE & COMPANY.

Form/Schedule: SB23

Transaction ID: SB23.26337

COMPLIANCE SERVICES PERFORMED BY SCOTT B. MACKENZIE AND THE AMOUNT OF \$250 IS DUE AND PAYABLE TO MACKENZIE & COMPANY.

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB
.

Form/Schedule: SB23

Transaction ID : SB23.26335

COMPLIANCE SERVICES PERFORMED BY SCOTT B. MACKENZIE AND THE AMOUNT OF \$250 IS DUE AND PAYABLE TO MACKENZIE & COMPANY.

Form/Schedule:

Transaction ID:

	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

TEA PARTY VICTORY FUND

A. MARK BERG FOR DELEGATE

Date of Disbursement

Transaction ID : SB29.23838

011

Category/
Type

☐ Primary ☐ General
☐ Other (specify) ▼

State: VA District:

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

	House
	Senate
	President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
29	30
31	32
33	34
35	36
37	38
39	40
41	42
43	44
45	46
47	48
49	50
51	52
53	54
55	56
57	58
59	60
61	62
63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

Candidate Name

Category/
Type

Office Sought:

	House
	Senate
	President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....

1000.00

TOTAL This Period (last page this line number only).....

1000.00

SCHEDULE C (FEC Form 3X)**LOANS**Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 25 OF 56

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.19993

TEA PARTY VICTORY FUND**LOAN SOURCE** Full Name (Last, First, Middle Initial)

SCOTT B MACKENZIE

Election:

☐ Primary☐ General☐ Other (specify) ▼

Mailing Address 2776 S. ARLINGTON MILL DR #806

City ARLINGTON

State VA

ZIP Code 22206

Original Amount of Loan

5000.00

Cumulative Payment To Date

0.00

Balance Outstanding at Close of This Period

5000.00

TERMS

Date Incurred

M M M / D D D / Y Y Y Y Y Y
03 / 21 / 2014

Date Due

M M M / D D D / Y Y Y Y Y Y

UPON DEMAND

Interest Rate

18.00 % (apr)

Secured:

☐ Yes☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:**SUBTOTALS** This Period This Page (optional)..... ►

5000.00

TOTALS This Period (last page in this line only)..... ►

5000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 26 OF 56

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

TEA PARTY VICTORY FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

CLIENT FIRST CONSULTING GROUP LLC

Nature of Debt (Purpose):

FUNDRAISING & VOTER CONTACT CALLS

Mailing Address 385 AVERY LN

City State

Zip Code

MEDINA

OH

44256

Outstanding Balance Beginning This Period

3300.00

Transaction ID : SD10.20024

Amount Incurred This Period

17050.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

20350.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

MACKENZIE & COMPANY

Nature of Debt (Purpose):

**IN-KIND CANDIDATE COMPLIANCE
SERVICES**

Mailing Address 2776 S ARLINGTON MILL DR #806

City State

Zip Code

ARLINGTON

VA

22206

Outstanding Balance Beginning This Period

0.00

Transaction ID : SD10.26347

Amount Incurred This Period

4000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

24350.00

2) **TOTALS** This Period (last page this line number only)..... ►

24350.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ►

5000.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

29350.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 27 OF 56
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TEA PARTY VICTORY FUND		FEC IDENTIFICATION NUMBER ▼ C C00491290
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 20 / 2015	
Mailing Address 385 AVERY LN		Amount 309.32	
City MEDINA	State OH	Zip Code 44256	Transaction ID : SE.23721
Purpose of Expenditure VOTER CONTACT CALLS OVER NEXT SEVERAL WEEKS		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 20 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 20 / 2015	
Mailing Address 385 AVERY LN		Amount 44.96	
City MEDINA	State OH	Zip Code 44256	Transaction ID : SE.23723
Purpose of Expenditure VOTER CONTACT CALLS OVER NEXT SEVERAL WEEKS		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 20 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AK
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

MM / DD / YYYY
07 / 27 / 2015

Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC [MEMO ITEM]		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>05 / 20 / 2015</div> </div>	
Mailing Address 385 AVERY LN		Amount <div> <div></div> <div>187.45</div> </div>	
City MEDINA	State OH	Zip Code 44256	Transaction ID : SE.23725 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>05 / 20 / 2015</div> </div>
Purpose of Expenditure VOTER CONTACT CALLS OVER NEXT SEVERAL WEEKS		Category/ Type <div> <div></div> <div>004</div> </div>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought <div> <div></div> <div>0.00</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Three digital displays are shown, each with a set of letters above the digits. The first display shows '07' with 'M' above the '0' and 'M' above the '7'. The second display shows '27' with 'D' above the '2' and 'D' above the '7'. The third display shows '2015' with 'Y' above the '2', 'Y' above the '0', 'Y' above the '1', and 'Y' above the '5'.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 29 OF 56
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TEA PARTY VICTORY FUND	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00491290 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC [MEMO ITEM]		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YY 05 / 20 / 2015</div> </div>	
Mailing Address 385 AVERY LN		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2391.68</div>	
City MEDINA	State OH	Zip Code 44256	Transaction ID : SE.23726 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YY 05 / 20 / 2015</div> </div>
Purpose of Expenditure VOTER CONTACT CALLS OVER NEXT SEVERAL WEEKS		Category/ Type 004	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC [MEMO ITEM]		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YY 05 / 20 / 2015</div> </div>	
Mailing Address 385 AVERY LN		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">327.08</div>	
City MEDINA	State OH	Zip Code 44256	Transaction ID : SE.23727 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YY 05 / 20 / 2015</div> </div>
Purpose of Expenditure VOTER CONTACT CALLS OVER NEXT SEVERAL WEEKS		Category/ Type 004	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CO
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

 MM / DD / YY
 07 / 27 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 30 OF 56
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TEA PARTY VICTORY FUND		FEC IDENTIFICATION NUMBER ▼ C C00491290	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 20 / 2015	
Mailing Address 385 AVERY LN		Amount 233.73	
City MEDINA	State OH	Zip Code 44256	Transaction ID : SE.23728
Purpose of Expenditure VOTER CONTACT CALLS OVER NEXT SEVERAL WEEKS		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 20 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CT
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 20 / 2015	
Mailing Address 385 AVERY LN		Amount 59.12	
City MEDINA	State OH	Zip Code 44256	Transaction ID : SE.23729
Purpose of Expenditure VOTER CONTACT CALLS OVER NEXT SEVERAL WEEKS		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 20 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: DE
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures.....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
SCOTT B MACKENZIE		[Electronically Filed]	
Signature		Date MM / DD / YYYY 07 / 27 / 2015	

Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 20 / 2015	
Mailing Address 385 AVERY LN		Amount 616.46	
City MEDINA	State OH	Zip Code 44256	Transaction ID : SE.23731
Purpose of Expenditure VOTER CONTACT CALLS OVER NEXT SEVERAL WEEKS	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 20 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: 00 State: GA
Calendar Year-To-Date Per Election for Office Sought	0.00	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 32 OF 56
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TEA PARTY VICTORY FUND		FEC IDENTIFICATION NUMBER ▼ C C00491290
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 20 / 2015	
Mailing Address 385 AVERY LN		Amount 90.06	
City MEDINA	State OH	Zip Code 44256	Transaction ID : SE.23732
Purpose of Expenditure VOTER CONTACT CALLS OVER NEXT SEVERAL WEEKS		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 20 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: HI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 20 / 2015	
Mailing Address 385 AVERY LN		Amount 97.36	
City MEDINA	State OH	Zip Code 44256	Transaction ID : SE.23733
Purpose of Expenditure VOTER CONTACT CALLS OVER NEXT SEVERAL WEEKS		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 20 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: ID
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

MM / DD / YYYY
07 / 27 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 33 OF 56
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TEA PARTY VICTORY FUND		FEC IDENTIFICATION NUMBER ▼ C C00491290	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY			
Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 20 / 2015	
Mailing Address 385 AVERY LN		Amount 822.29	
City MEDINA	State OH	Zip Code 44256	Transaction ID : SE.23734
Purpose of Expenditure VOTER CONTACT CALLS OVER NEXT SEVERAL WEEKS		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 20 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IL</u>
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 20 / 2015	
Mailing Address 385 AVERY LN		Amount 413.98	
City MEDINA	State OH	Zip Code 44256	Transaction ID : SE.23735
Purpose of Expenditure VOTER CONTACT CALLS OVER NEXT SEVERAL WEEKS		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 20 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>IN</u>
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature SCOTT B MACKENZIE		Date MM / DD / YYYY 07 / 27 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 34 OF 56
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TEA PARTY VICTORY FUND		FEC IDENTIFICATION NUMBER ▼ C C00491290
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 20 / 2015	
Mailing Address 385 AVERY LN		Amount 196.75	
City MEDINA	State OH	Zip Code 44256	Transaction ID : SE.23736
Purpose of Expenditure VOTER CONTACT CALLS OVER NEXT SEVERAL WEEKS		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 20 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 20 / 2015	
Mailing Address 385 AVERY LN		Amount 180.71	
City MEDINA	State OH	Zip Code 44256	Transaction ID : SE.23737
Purpose of Expenditure VOTER CONTACT CALLS OVER NEXT SEVERAL WEEKS		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 20 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

MM / DD / YYYY
07 / 27 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 35 OF 56
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TEA PARTY VICTORY FUND		FEC IDENTIFICATION NUMBER ▼ C C00491290
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 20 / 2015	
Mailing Address 385 AVERY LN		Amount 281.78	
City MEDINA	State OH	Zip Code 44256	Transaction ID : SE.23738
Purpose of Expenditure VOTER CONTACT CALLS OVER NEXT SEVERAL WEEKS		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 20 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: KY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 20 / 2015	
Mailing Address 385 AVERY LN		Amount 290.89	
City MEDINA	State OH	Zip Code 44256	Transaction ID : SE.23739
Purpose of Expenditure VOTER CONTACT CALLS OVER NEXT SEVERAL WEEKS		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 20 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

MM / DD / YYYY
07 / 27 / 2015

Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC [MEMO ITEM]		Date of Public Distribution/Dissemination <div> <div>MM / DD / YY</div> <div>05 / 20 / 2015</div> </div>	
Mailing Address 385 AVERY LN		Amount <div> <div></div> <div>377.15</div> </div>	
City MEDINA	State OH	Zip Code 44256	Transaction ID : SE.23741 Date of Disbursement or Obligation <div> <div>MM / DD / YY</div> <div>05 / 20 / 2015</div> </div>
Purpose of Expenditure VOTER CONTACT CALLS OVER NEXT SEVERAL WEEKS		Category/ Type	<div> <div></div> <div>004</div> </div>
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate
District: 00 State: MD		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought		<div> <div></div> <div>0.00</div> </div>	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 37 OF 56
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TEA PARTY VICTORY FUND		FEC IDENTIFICATION NUMBER ▼ C C00491290	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC [MEMO ITEM] Mailing Address 385 AVERY LN		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 20 / 2015	
City State Zip Code MEDINA OH 44256		Amount 436.13	
Purpose of Expenditure VOTER CONTACT CALLS OVER NEXT SEVERAL WEEKS		Category/ Type 004	Transaction ID : SE.23742 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 20 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MA
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC [MEMO ITEM] Mailing Address 385 AVERY LN		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 20 / 2015	
City State Zip Code MEDINA OH 44256		Amount 637.92	
Purpose of Expenditure VOTER CONTACT CALLS OVER NEXT SEVERAL WEEKS		Category/ Type 004	Transaction ID : SE.23743 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 20 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures.....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
SCOTT B MACKENZIE Signature		[Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 07 / 27 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 38 OF 56
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TEA PARTY VICTORY FUND		FEC IDENTIFICATION NUMBER ▼ C C00491290	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div> </div>	

Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 20 / 2015	
Mailing Address 385 AVERY LN		Amount 342.29	
City MEDINA	State OH	Zip Code 44256	Transaction ID : SE.23744
Purpose of Expenditure VOTER CONTACT CALLS OVER NEXT SEVERAL WEEKS		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 20 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MN
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 20 / 2015	
Mailing Address 385 AVERY LN		Amount 187.52	
City MEDINA	State OH	Zip Code 44256	Transaction ID : SE.23745
Purpose of Expenditure VOTER CONTACT CALLS OVER NEXT SEVERAL WEEKS		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 20 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MS
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

 MM / DD / YYYY
 07 / 27 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 39 OF 56
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TEA PARTY VICTORY FUND		FEC IDENTIFICATION NUMBER ▼ C C00491290
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 20 / 2015	
Mailing Address 385 AVERY LN		Amount 386.99	
City MEDINA	State OH	Zip Code 44256	Transaction ID : SE.23746
Purpose of Expenditure VOTER CONTACT CALLS OVER NEXT SEVERAL WEEKS		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 20 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MO
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 20 / 2015	
Mailing Address 385 AVERY LN		Amount 65.29	
City MEDINA	State OH	Zip Code 44256	Transaction ID : SE.23747
Purpose of Expenditure VOTER CONTACT CALLS OVER NEXT SEVERAL WEEKS		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 20 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: MT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

MM / DD / YYYY
07 / 27 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 40 OF 56
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TEA PARTY VICTORY FUND		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00491290 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 20 / 2015	
Mailing Address 385 AVERY LN		Amount 116.35	
City MEDINA	State OH	Zip Code 44256	Transaction ID : SE.23748
Purpose of Expenditure VOTER CONTACT CALLS OVER NEXT SEVERAL WEEKS		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 20 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NE
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 20 / 2015	
Mailing Address 385 AVERY LN		Amount 173.32	
City MEDINA	State OH	Zip Code 44256	Transaction ID : SE.23749
Purpose of Expenditure VOTER CONTACT CALLS OVER NEXT SEVERAL WEEKS		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 20 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

MM / DD / YYYY
07 / 27 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 41 OF 56
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TEA PARTY VICTORY FUND		FEC IDENTIFICATION NUMBER ▼ C C00491290
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 20 / 2015	
Mailing Address 385 AVERY LN		Amount 87.37	
City MEDINA	State OH	Zip Code 44256	Transaction ID : SE.23750
Purpose of Expenditure VOTER CONTACT CALLS OVER NEXT SEVERAL WEEKS		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 20 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 20 / 2015	
Mailing Address 385 AVERY LN		Amount 570.43	
City MEDINA	State OH	Zip Code 44256	Transaction ID : SE.23751
Purpose of Expenditure VOTER CONTACT CALLS OVER NEXT SEVERAL WEEKS		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 20 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

MM / DD / YYYY
07 / 27 / 2015

Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC [MEMO ITEM]		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>05 / 20 / 2015</div> </div>	
Mailing Address 385 AVERY LN		Amount <div> <div></div> <div>131.52</div> </div>	
City MEDINA	State OH	Zip Code 44256	Transaction ID : SE.23752 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>05 / 20 / 2015</div> </div>
Purpose of Expenditure VOTER CONTACT CALLS OVER NEXT SEVERAL WEEKS		Category/ Type <div> <div></div> <div>004</div> </div>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NM</u>
Calendar Year-To-Date Per Election for Office Sought <div> <div></div> <div>0.00</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►	

Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 20 / 2015	
Mailing Address 385 AVERY LN		Amount 1277.40	
City MEDINA	State OH	Zip Code 44256	Transaction ID : SE.23753
Purpose of Expenditure VOTER CONTACT CALLS OVER NEXT SEVERAL WEEKS	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 20 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: 00 State: NY
Calendar Year-To-Date Per Election for Office Sought	0.00	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ➤

(b) SUBTOTAL of Unitemized Independent Expenditures ➤

(c) TOTAL Independent Expenditures..... ➤

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 20 / 2015	
Mailing Address 385 AVERY LN		Amount 44.84	
City MEDINA	State OH	Zip Code 44256	Transaction ID : SE.23755
Purpose of Expenditure VOTER CONTACT CALLS OVER NEXT SEVERAL WEEKS	Category/ Type	004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 20 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate <input type="checkbox"/> Other (specify) ▶	District: 00 State: ND
Calendar Year-To-Date Per Election for Office Sought	0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 44 OF 56
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TEA PARTY VICTORY FUND		FEC IDENTIFICATION NUMBER ▼ C C00491290
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 20 / 2015	
Mailing Address 385 AVERY LN		Amount 744.93	
City MEDINA	State OH	Zip Code 44256	Transaction ID : SE.23756
Purpose of Expenditure VOTER CONTACT CALLS OVER NEXT SEVERAL WEEKS		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 20 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 20 / 2015	
Mailing Address 385 AVERY LN		Amount 240.29	
City MEDINA	State OH	Zip Code 44256	Transaction ID : SE.23757
Purpose of Expenditure VOTER CONTACT CALLS OVER NEXT SEVERAL WEEKS		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 20 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: OK
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

MM / DD / YYYY
07 / 27 / 2015

Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 20 / 2015	
Mailing Address 385 AVERY LN		Amount 840.01	
City MEDINA	State OH	Zip Code 44256	Transaction ID : SE.23759
Purpose of Expenditure VOTER CONTACT CALLS OVER NEXT SEVERAL WEEKS	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 20 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate	District: 00 State: PA
Calendar Year-To-Date Per Election for Office Sought	0.00	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	
(c) TOTAL Independent Expenditures.....	▶	

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 46 OF 56
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TEA PARTY VICTORY FUND		FEC IDENTIFICATION NUMBER ▼ C C00491290
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 20 / 2015	
Mailing Address 385 AVERY LN		Amount 70.00	
City MEDINA	State OH	Zip Code 44256	Transaction ID : SE.23760
Purpose of Expenditure VOTER CONTACT CALLS OVER NEXT SEVERAL WEEKS		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 20 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: RI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 20 / 2015	
Mailing Address 385 AVERY LN		Amount 302.85	
City MEDINA	State OH	Zip Code 44256	Transaction ID : SE.23761
Purpose of Expenditure VOTER CONTACT CALLS OVER NEXT SEVERAL WEEKS		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 20 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: SC
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

MM / DD / YYYY
07 / 27 / 2015

Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC [MEMO ITEM]		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>05 / 20 / 2015</div> </div>	
Mailing Address 385 AVERY LN		Amount <div> <div>MM / DD / YYYY</div> <div>52.25</div> </div>	
City MEDINA	State OH	Zip Code 44256	Transaction ID : SE.23762 Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>05 / 20 / 2015</div> </div>
Purpose of Expenditure VOTER CONTACT CALLS OVER NEXT SEVERAL WEEKS		Category/ Type <div> <div>MM / DD / YYYY</div> <div>004</div> </div>	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>SD</u>
Calendar Year-To-Date Per Election for Office Sought <div> <div>MM / DD / YYYY</div> <div>0.00</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 20 / 2015	
Mailing Address 385 AVERY LN		Amount 413.30	
City MEDINA	State OH	Zip Code 44256	Transaction ID : SE.23763
Purpose of Expenditure VOTER CONTACT CALLS OVER NEXT SEVERAL WEEKS	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 20 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> President	<input type="checkbox"/> House <input type="checkbox"/> Senate State: TN
Calendar Year-To-Date Per Election for Office Sought	0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	<div>0.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	▶	<div></div>
(c) TOTAL Independent Expenditures.....	▶	<div></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Date _____

Signature

Three digital displays are shown, each with a set of letters above the digits. The first display shows '07' with 'M' above the '0' and 'M' above the '7'. The second display shows '27' with 'D' above the '2' and 'D' above the '7'. The third display shows '2015' with 'Y' above the '2', 'Y' above the '0', 'Y' above the '1', and 'Y' above the '5'.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 48 OF 56
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TEA PARTY VICTORY FUND		FEC IDENTIFICATION NUMBER ▼ C C00491290	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC [MEMO ITEM] Mailing Address 385 AVERY LN		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 20 / 2015	
City State Zip Code MEDINA OH 44256		Amount 1574.87	
Purpose of Expenditure VOTER CONTACT CALLS OVER NEXT SEVERAL WEEKS		Category/Type 004	Transaction ID : SE.23764 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 20 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC [MEMO ITEM] Mailing Address 385 AVERY LN		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 20 / 2015	
City State Zip Code MEDINA OH 44256		Amount 163.00	
Purpose of Expenditure VOTER CONTACT CALLS OVER NEXT SEVERAL WEEKS		Category/Type 004	Transaction ID : SE.23765 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 20 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: UT
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures.....▶		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures▶			
(c) TOTAL Independent Expenditures.....▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature SCOTT B MACKENZIE		Date M M M / D D D / Y Y Y Y Y Y 07 / 27 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 49 OF 56
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TEA PARTY VICTORY FUND		FEC IDENTIFICATION NUMBER ▼ C C00491290	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC [MEMO ITEM]		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 20 / 2015	
Mailing Address 385 AVERY LN		Amount 42.11	
City MEDINA	State OH	Zip Code 44256	Transaction ID : SE.23766
Purpose of Expenditure VOTER CONTACT CALLS OVER NEXT SEVERAL WEEKS	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 20 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>VT</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC [MEMO ITEM]		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 05 / 20 / 2015	
Mailing Address 385 AVERY LN		Amount 525.38	
City MEDINA	State OH	Zip Code 44256	Transaction ID : SE.23767
Purpose of Expenditure VOTER CONTACT CALLS OVER NEXT SEVERAL WEEKS	Category/ Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 05 / 20 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>VA</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature _____ Date **07 / 27 / 2015**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 50 OF 56
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TEA PARTY VICTORY FUND		FEC IDENTIFICATION NUMBER ▼ C C00491290	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 20 / 2015	
Mailing Address 385 AVERY LN		Amount 441.67	
City MEDINA	State OH	Zip Code 44256	Transaction ID : SE.23768
Purpose of Expenditure VOTER CONTACT CALLS OVER NEXT SEVERAL WEEKS		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 20 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WA
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 20 / 2015	
Mailing Address 385 AVERY LN		Amount 123.76	
City MEDINA	State OH	Zip Code 44256	Transaction ID : SE.23769
Purpose of Expenditure VOTER CONTACT CALLS OVER NEXT SEVERAL WEEKS		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 20 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WV
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures.....		0.00	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures.....			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
SCOTT B MACKENZIE		[Electronically Filed]	
Signature		Date 07 / 27 / 2015	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 51 OF 56
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TEA PARTY VICTORY FUND		FEC IDENTIFICATION NUMBER ▼ C C00491290
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 20 / 2015	
Mailing Address 385 AVERY LN		Amount 369.07	
City MEDINA	State OH	Zip Code 44256	Transaction ID : SE.23770
Purpose of Expenditure VOTER CONTACT CALLS OVER NEXT SEVERAL WEEKS		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 20 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WI
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 20 / 2015	
Mailing Address 385 AVERY LN		Amount 36.46	
City MEDINA	State OH	Zip Code 44256	Transaction ID : SE.23771
Purpose of Expenditure VOTER CONTACT CALLS OVER NEXT SEVERAL WEEKS		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 20 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: WY
Calendar Year-To-Date Per Election for Office Sought 0.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

SCOTT B MACKENZIE

[Electronically Filed]

Signature

Date

MM / DD / YYYY
07 / 27 / 2015

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 52 OF 56
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TEA PARTY VICTORY FUND		FEC IDENTIFICATION NUMBER ▼ C C00491290	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC [MEMO ITEM]		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 20 / 2015	
Mailing Address 385 AVERY LN		Amount 43.14	
City MEDINA	State OH	Zip Code 44256	Transaction ID : SE.23772
Purpose of Expenditure VOTER CONTACT CALLS OVER NEXT SEVERAL WEEKS	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 20 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>DC</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 20 / 2015	
Mailing Address 385 AVERY LN		Amount 309.32	
City MEDINA	State OH	Zip Code 44256	Transaction ID : SE.23858
Purpose of Expenditure VOTER CONTACT CALLS OVER NEXT SEVERAL WEEKS	Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 09 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: <u>AL</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		309.32	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature SCOTT B MACKENZIE		Date MM / DD / YYYY 07 / 27 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 53 OF 56
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TEA PARTY VICTORY FUND		FEC IDENTIFICATION NUMBER ▼ C C00491290	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 20 / 2015	
Mailing Address 385 AVERY LN		Amount 44.96	
City MEDINA	State OH	Zip Code 44256	Transaction ID : SE.23859
Purpose of Expenditure VOTER CONTACT CALLS OVER NEXT SEVERAL WEEKS		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 09 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AK
Calendar Year-To-Date Per Election for Office Sought 44.96		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 20 / 2015	
Mailing Address 385 AVERY LN		Amount 408.77	
City MEDINA	State OH	Zip Code 44256	Transaction ID : SE.23860
Purpose of Expenditure VOTER CONTACT CALLS OVER NEXT SEVERAL WEEKS		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 09 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought 408.77		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		453.73	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature SCOTT B MACKENZIE		Date MM / DD / YYYY 07 / 27 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 54 OF 56
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TEA PARTY VICTORY FUND		FEC IDENTIFICATION NUMBER ▼ C C00491290	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 20 / 2015	
Mailing Address 385 AVERY LN		Amount 187.45	
City MEDINA	State OH	Zip Code 44256	Transaction ID : SE.23861
Purpose of Expenditure VOTER CONTACT CALLS OVER NEXT SEVERAL WEEKS		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 09 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 187.45		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 20 / 2015	
Mailing Address 385 AVERY LN		Amount 49.50	
City MEDINA	State OH	Zip Code 44256	Transaction ID : SE.23862
Purpose of Expenditure VOTER CONTACT CALLS OVER NEXT SEVERAL WEEKS		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 09 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 49.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		236.95	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature SCOTT B MACKENZIE		Date MM / DD / YYYY 07 / 27 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURESPAGE 55 OF 56
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TEA PARTY VICTORY FUND		FEC IDENTIFICATION NUMBER ▼ C C00491290	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY	
Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 20 / 2015	
Mailing Address 385 AVERY LN		Amount 400.00	
City MEDINA	State OH	Zip Code 44256	Transaction ID : SE.23863
Purpose of Expenditure VOTER CONTACT CALLS OVER NEXT SEVERAL WEEKS		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 10 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 449.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 20 / 2015	
Mailing Address 385 AVERY LN		Amount 100.00	
City MEDINA	State OH	Zip Code 44256	Transaction ID : SE.23864
Purpose of Expenditure VOTER CONTACT CALLS OVER NEXT SEVERAL WEEKS		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 06 / 12 / 2015
Name of Federal Candidate HILLARY RODHAM CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA
Calendar Year-To-Date Per Election for Office Sought 549.50		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		500.00	
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			
(c) TOTAL Independent Expenditures..... ▶			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Signature SCOTT B MACKENZIE		Date MM / DD / YYYY 07 / 27 / 2015	
		[Electronically Filed]	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 56 OF 56
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) TEA PARTY VICTORY FUND			FEC IDENTIFICATION NUMBER ▼ C C00491290		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y					
Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC			Date of Public Distribution/Dissemination 05 / 20 / 2015		
Mailing Address 385 AVERY LN			Amount 750.00		
City MEDINA		State OH	Zip Code 44256		Transaction ID : SE.23865
Purpose of Expenditure VOTER CONTACT CALLS OVER NEXT SEVERAL WEEKS		Category/Type 004		Date of Disbursement or Obligation 06 / 16 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: <u>00</u> State: <u>CA</u>		
Calendar Year-To-Date Per Election for Office Sought 1299.50			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee CLIENT FIRST CONSULTING GROUP LLC			Date of Public Distribution/Dissemination 05 / 20 / 2015		
Mailing Address 385 AVERY LN			Amount 700.00		
City MEDINA		State OH	Zip Code 44256		Transaction ID : SE.23866
Purpose of Expenditure VOTER CONTACT CALLS OVER NEXT SEVERAL WEEKS		Category/Type 004		Date of Disbursement or Obligation 06 / 23 / 2015	
Name of Federal Candidate HILLARY RODHAM CLINTON			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: <u>00</u> State: <u>CA</u>		
Calendar Year-To-Date Per Election for Office Sought 1999.50			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			1450.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			2950.00		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature SCOTT B MACKENZIE			Date 07 / 27 / 2015 <i>[Electronically Filed]</i>		